

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 27 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057255**

1. Corporation Name

AUGUSTINE BUILDERS, INC.

REINSTATEMENT

8-23-96 to
2001

2. Principal Office Address

15 ST. JOHN'S PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

15 ST. JOHN'S PLACE

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FLORIDA

City & State

ORMOND BEACH, FLORIDA

Zip

32176

Country

U.S.A.

Zip

32176

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-13-93

5. FEI Number

59-3220523

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JOHN A. AUGUSTINE

Street Address (P.O. Box Number is Not Acceptable)

15 ST. JOHN'S PLACE

Suite, Apt. #, Etc.

600004503015--4

07/30/01 01002-011

*****1500.00 ***1500.00**

City

ORMOND BEACH

**State
FL**

Zip Code

32176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **7/24/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T D	JOHN A. AUGUSTINE	15 ST. JOHN'S PLACE	ORMOND BEACH, FL 32176

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/24/01

Daytime Phone #

386-441-1923

CR2E081 (8/00)

TO: Anna Chesnut
Division of Corporations

FROM: John Augustine
Augustine Builders, Inc.

Date: July 24, 2001

Re: Corporation Reinstatement

Anna,

Enclosed is the Corporation Reinstatement form and a check in the amount of \$1500 as you instructed.

Thank you for your help in processing this immediately. You can send the copy by FAX 386-441-6852

or

MAIL Augustine Builders, Inc.
15 St. John's Place
Ormond Beach, Florida 32176

If you have any questions please call at 386-441-1923.

Again, thanks for your help,

John Augustine

A handwritten signature in black ink, appearing to read "John Augustine", written in a cursive style.